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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/230,060 08/29/2002  
 which is a CIP of 09/537,118 03/29/2000  
 which is a CIP of PCT/US97/17899 10/01/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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 \*\* 01/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>                    </u> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 98	INDEPENDENT CLAIMS 8
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ADDRESS  
 24998  
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TITLE  
 Buccal, polar and non-polar spray containing diazepam

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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